



CERTIFICATE OF MAILING
(PATENT APPLICATION)

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Deposited: March 15, 2005

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

By: *M. C. Williams*

Application of: Hartlaub

Application No.: 10/005,789

Filing Date: November 8, 2001

Title: Infusion System for Creating Microenvironments in a Living Body

Transmitted herewith are the following documents:

- X Request for Continued Examination Transmittal (1 page) in duplicate
- X Fee Transmittal (1 page) in duplicate
- X Petition for Extension of Time (1 page) in duplicate
- X Return Receipt Postcard

Attorney Case No.: 11738.00038

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">for FY 2005</h3> <p>MAR 15 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 1,450.00</p>		<p>Application Number 10/005,789</p>	<p>Filing Date November 8, 2001</p>
<p>First Named Inventor Jerome T. Hartlaub</p>		<p>Examiner Name Kathryn L. Thompson</p>	
<p>Art Unit 3763</p>		<p>Attorney Docket No. 011738.00038</p>	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

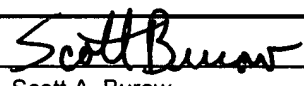
Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge) : Request for Continued Examination (RCE) \$1000 and _____

Request for 2 month extension of time \$450.00 _____

\$1,450.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,373	Telephone	312-463-5000
Name (Print/Type)	Scott A. Burow	Date	March 15, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.